1	4 <i>C</i>	ORD_	CE	RTI	FICA OF LIAB	ILITY IN	ISUR	ICESR TJ	DATE (MM/DD/YY) 01/15/99	
PRODUCER Zions Insurance Agency 0 0 1 407 015 025 #4 P O Box 271130 310 South Main #308 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.										
Phone No. 801-273-6000 Fax No.							COMPANIES AFFORDING COVERAGE  COMPANY A Federal Insurance Company			
						COMPANY				
INSURED						COMPANY B				
Co-Op Mining C. W. Mining Inc. DBA: P. O. Box 65809 Salt Lake City UT 84165						COMPANY C				
						COMPANY D				
COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
SER LTR		TYPE OF INSURANCE			POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	GEN	IERAL LIABILITY	Y					GENERAL AGGREGATE	\$2000000	
A	x	CLAIMS MADE X OCCUR			37107468ERG	01/01/99	01/01/00	PRODUCTS - COMP/OP AGG	\$1000000	
								PERSONAL & ADV INJURY	\$1000000	
		OWNER'S & CO	ONTRACTO	OR'S PROT				EACH OCCURRENCE	\$1000000	
	$\square$							FIRE DAMAGE (Any one fire)	\$100000	
								MED EXP (Any one person)	\$10000	
	AUT	OMOBILE LIABI	ILITY					COMBINED SINGLE LIMIT	\$	
		ALL OWNED A SCHEDULED A						BODILY INJURY (Per person)	s	
		HIRED AUTOS						BODILY INJURY (Per accident)	\$	
U								PROPERTY DAMAGE	\$	
	GAI	RAGE LIABILITY	,					AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO						OTHER THAN AUTO ONLY:		
	П								\$	
		*****							\$	
.,	EXC	EXCESS LIABILITY						EACH OCCURRENCE	\$	
		UMBRELLA FO	ORM					AGGREGATE	\$	
		OTHER THAN	UMBRELL	A FORM					\$	
	WORKERS COMPENSATION AND			AND				WC STATU- OTH- TORY LIMITS ER		
	l	PLOYERS' LIABI	_				1	EL EACH ACCIDENT	\$	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE INCL			INCL				EL DISEASE - POLICY LIMIT	\$	
	OFFICERS ARE: EXCL			EXCL				EL DISEASE - EA EMPLOYEE	\$ ·.	
	Οτι									
					EHICLES/SPECIAL ITEMS	5_687_2094				
Note: Explosion Damage is covered. Fax 435-687-2084  Bear Canyon Mine # ACT/015/025 & Trail Canyon Mine # Act/015/021										
CE	CERTIFICATE HOLDER CANCELLATION									
STATUC1						<b>-</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE			
State of Ital Division of							EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL			
State of Utah Division of Oil & Gas						1	45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,			
1594 West North Temple Su#1210 Salt Lake City UT 84114-5801							BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
<b>^</b>							AUTHORIZED EPRESENTATIVE			
ACORD 25-S (1/95) - ACORD CORPORATION 1988										

CERTIFICATE OF LIABILITY INSU DATE (MM/DD/YY) <u>ACORD</u> 01/15/99 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION PRODUCER ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE Zions Insurance Agency HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR P O Box 271130 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. 310 South Main #308 Salt Lake City UT 84127-1130 **COMPANIES AFFORDING COVERAGE** COMPANY Marian P. Lyons Federal Insurance Company Phone No. 801-273-6000 Fax No. INSURED COMPANY В Co-Op Mining COMPANY С C. W. Mining Inc. DBA: P. O. Box 65809 COMPANY Salt Lake City UT 84165 D **COVERAGES** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFFECTIVE POLICY EXPIRATION LIMITS TYPE OF INSURANCE POLICY NUMBER DATE (MM/DD/YY) DATE (MM/DD/YY) **GENERAL LIABILITY GENERAL AGGREGATE** \$2000000 **COMMERCIAL GENERAL LIABILITY** 01/01/00 PRODUCTS - COMP/OP AGG \$1000000 Α X 37107468ERG 01/01/99 CLAIMS MADE X OCCUR \$100000 **PERSONAL & ADV INJURY OWNER'S & CONTRACTOR'S PROT** \$1000000 **EACH OCCURRENCE** \$100000 FIRE DAMAGE (Any one fire) MED EXP (Any one person) \$10000 **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT **ANY AUTO ALL OWNED AUTOS BODILY INJURY** (Per person) SCHEDULED AUTOS **HIRED AUTOS** BODILY INJURY (Per accident) NON-OWNED AUTOS PROPERTY DAMAGE **GARAGE LIABILITY** AUTO ONLY - EA ACCIDENT **ANY AUTO** OTHER THAN AUTO ONLY: **EACH ACCIDENT** AGGREGATE **EACH OCCURRENCE EXCESS LIABILITY** s UMBRELLA FORM **AGGREGATE** \$ OTHER THAN UMBRELLA FORM WC STATU-TORY LIMITS WORKERS COMPENSATION AND **EMPLOYERS' LIABILITY EL EACH ACCIDENT** THE PROPRIETOR/ INCL EL DISEASE - POLICY LIMIT PARTNERS/EXECUTIVE EL DISEASE - EA EMPLOYEE \$ OFFICERS ARE: EXCL OTHER DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Note: Explosion Damage is covered. Fax 435-687-2084 Bear Canyon Mine # ACT/015/025 & Trail Canyon Mine # Act/015/021 CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE STATUC1 EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL State of Utah Division of DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, Oil & Gas BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY 1594 West North Temple Su#1210

OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

" ACORD CORPORATION 1988

ACORD 25-S (1/95)

Salt Lake City UT 84114-5801

CERTIFICATE OF LIABILITY INSU DATE (MM/DD/YY) ACORD\_ CSR TJ COOPM-1 01/15/99 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ACT 1015 025 #4 Zions Insurance Agency ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR P O Box 271130 ACT/045/021 #4 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. 310 South Main #308 Salt Lake City UT 84127-1130 **COMPANIES AFFORDING COVERAGE** COMPANY Marian P. Lyons Federal Insurance Company Α Phone No. 801-273-6000 Fax No. INSURED COMPANY В Co-Op Mining COMPANY С C. W. Mining Inc. DBA: P. O. Box 65809 COMPANY Salt Lake City UT 84165 D COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFFECTIVE POLICY EXPIRATION COLTR TYPE OF INSURANCE **POLICY NUMBER** LIMITS DATE (MM/DD/YY) DATE (MM/DD/YY) **GENERAL LIABILITY** \$2000000 **GENERAL AGGREGATE** X COMMERCIAL GENERAL LIABILITY 01/01/00 37107468ERG 01/01/99 PRODUCTS - COMP/OP AGG \$1000000 CLAIMS MADE | X OCCUR PERSONAL & ADV INJURY \$1000000 OWNER'S & CONTRACTOR'S PROT **EACH OCCURRENCE** \$1000000 FIRE DAMAGE (Any one fire) \$ 100000 \$10000 MED EXP (Any one person) **AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT ANY AUTO ALL OWNED AUTOS BODILY INJURY** \$ (Per person) SCHEDULED AUTOS HIRED AUTOS **BODILY INJURY** \$ (Per accident) NON-OWNED AUTOS PROPERTY DAMAGE \$ **GARAGE LIABILITY AUTO ONLY - EA ACCIDENT** ANY AUTO OTHER THAN AUTO ONLY: **EACH ACCIDENT** \$ **AGGREGATE** \$ **EXCESS LIABILITY EACH OCCURRENCE** \$ **UMBRELLA FORM AGGREGATE** \$ \$ OTHER THAN UMBRELLA FORM WC STATU-TORY LIMITS WORKERS COMPENSATION AND **EMPLOYERS' LIABILITY EL EACH ACCIDENT** THE PROPRIETOR/ INCL **EL DISEASE - POLICY LIMIT** PARTNERS/EXECUTIVE EL DISEASE - EA EMPLOYEE OFFICERS ARE: EXCL DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Explosion Damage is covered. Fax 435-687-2084 Bear Canyon Mine # ACT/015/025 & Trail Canyon Mine # Act/015/021 **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE STATUC1 EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL State of Utah Division of DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, Oil & Gas

BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY

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OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25-S (1/95)

1594 West North Temple Su#1210

Salt Lake City UT 84114-5801